

July 25, 2005

Dear Friends of the First Steps Program,

After much deliberation, I am releasing the following as the proposed new First Steps eligibility requirements. First Steps has begun the rules promulgation process, a tentative timeline for which can be found at www.in.gov/fssa/firststeps. Please continue to check this site if you are interested in following this process or in testifying at public hearings in the months to come.

In all but a few instances, these guidelines are the work product of the Eligibility Subcommittee of the First Steps Stakeholders Committee. Deviations from the original recommendations are noted below, and were an attempt to address concerns expressed at the July 11 Stakeholders meeting. The final product has been endorsed by the Executive Committee of the Interagency Coordinating Council:

ELIGIBILITY CRITERIA FOR FIRST STEPS:

- **REDEFINE DEVELOPMENTAL DELAY**
as a 20% delay in function in two domains or a 25% delay in one, adjusted for prematurity if applicable. (Presently 15% in two and 20% in one. Subcommittee recommended staying at 15% in two and raising to 25% in one).

This is the same criteria used by 14 other states, and is still more generous than the majority. Our counterparts in Part B (Special Education- Indiana Department of Education) assure me this change will not result in a noteworthy increase in children coming into the Part B system. While this is a change from the Subcommittee's original recommendation, I am persuaded there is benefit in aligning eligibility between Parts C and B, in order to ease some of the transition issues with which we now struggle.

- **ELIMINATE THE "BIOLOGICAL AT-RISK" CATEGORY**
(as recommended by the subcommittee. Currently includes limited prenatal care, prenatal substance abuse, severe pre-, peri-, and post-natal complications, asphyxia, very low birth weight, small for gestational age.).

Much of the July 11 debate revolved around this change. It is of great concern to many that we would send these wee ones home from the NICU's without First Steps oversight. Counterbalancing that concern was opinion that in some cases First Steps may be providing services in situations where medical, not developmental, follow-up is truly warranted, and where the child's physicians should primarily be involved.

While a sincere desire to properly serve these infants was evidenced on both sides, there was no consensus on the most appropriate way to do so. After further review, and discussions with NICU experts, I have decided to honor the subcommittee's original recommendation to eliminate this category, but make the following compensating changes to the "High Probability of Developmental Delay" category.

- **REDUCE FROM SEVEN, TO SIX, THE NUMBER OF ARTICULATED QUALIFYING DIAGNOSES UNDER THE FEDERALLY-REQUIRED "HIGH PROBABILITY OF DEVELOPMENTAL DELAY" CATEGORY.**
(as recommended by the subcommittee.)

This category now includes, but is not limited to, chromosomal abnormalities or genetic disorders, neurological disorders, congenital malformations, sensory impairment, including vision and hearing, severe toxic exposure, severe infectious disease, and atypical development disorder.

- Per the subcommittee's recommendation, severe infectious disease and atypical development disorder will be removed.
- A very low birth weight diagnosis (≤ 1500 gr.) will be added.
- "Severe toxic exposure" will be changed to "severe toxic exposure, including prenatal exposure."
- The subcommittee recommended changing "sensory impairment, including vision and hearing," to "sensory impairment, including vision and hearing, and sensory processing issues." The proposed rule change will exclude "sensory processing issues" in the text of the rule, but the notes will say that sensory processing issues may fall into this category as a physician deems appropriate.
- Finally, the subcommittee recommended changing "neurological disorder" to "neurological abnormality, including the newborn period;" however, I am recommending the proposed rule refer instead to "neurological disorder, including neurological abnormality in the newborn period." I am concerned that to do otherwise might preclude children with neurological disorders stemming from traumatic events outside the newborn period.
- **REQUIRE PROMPT DISMISSAL FROM SERVICES OF CHILDREN WHO HAVE REACHED AN AGE-APPROPRIATE SKILL LEVEL.**
(as recommended by the subcommittee).

This would apply in all domains that qualified a child for eligibility if the child was admitted under the 20% in two category, or if the child had a diagnosis that resulted in global delay.

TRACKING:

While not part of the eligibility rule itself, it will be First Steps policy and practice to track, at 3 and 6 months following evaluation, those children who would have qualified under the old criteria, but not the new. It is my hope that by so doing, we will be able to encourage proper enforcement of the new guidelines, and identify in a timely manner any child who slips into eligibility after an initial denial.

First Steps and the FSSA would like to thank the members of the Eligibility Subcommittee for doing an exhaustive job of data-gathering and deliberation over the course of many weeks. The recommendations that formed the foundation for the changes proposed above were not made lightly, and this was a difficult task for all involved. Recognizing there will not be universal agreement with the end result, it is my hope that all will appreciate the conscientious effort made by these brave souls.

Sincerely,

Lora Miller
Bureau of Child Development/Division of Family Resources
Family and Social Services Administration

ELIGIBILITY SUBCOMMITTEE MEMBERSHIP:

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